Physician 医务人员

Name姓名:

Date of birth出生年月:

Nationality/ethnic group国籍/民族:

Date of first diagnosis首次确诊日期:

Histology (TNM classification, grading)组织学（TNM分类，分级）

Archive-No.病历号

Previous malignancies, cystostatic therapy, radiation:
(with specification of the year, resp.)
恶性肿瘤史，膀胱静态治疗，放射（说明发生年月）

Relapses:复发

Treatment: 处理	Transurethral. res: 经尿道灼	☐	Cystostatic ther.	☐	Radical cystectomy 放射膀胱切除	☐
	Radiation 放射	☐	Laser 激光	☐	Other treatment 其他	☐

Physician医务人员

Creatinine肌酐 > 1,8 mg/d: yes是: ☐ no否: ☐

Bilirubin 胆红素> 1,5 mg/d: yes是: ☐ no否: ☐

Ongoing cytostatic therapy 膀胱静态治疗进☐: yes是: no否: ☐

Alcohol abuse酗酒: yes是: ☐ no否: ☐

Medication 服用药物: yes是: ☐ no否: ☐

Name of the drugs药物名称

.....

.....

Appendectomy阑尾切除: yes是: ☐ no否: ☐ ..... (Year年)

Tonsillectomy扁桃体切除: yes是: ☐ no否: ☐ ..... (Year年)

Diabetes糖尿病: yes是: ☐ no否: ☐ ..... (Year年)

Tuberculosis肺结核: yes是: ☐ no否: ☐ ..... (Year年)

Size身高: ..... m
Weight体重: ..... kg

Miscellaneous混杂:

Questionnaire调查表

1. Working history职业史:

Please indicate all occupations and jobs you had ever performed for more than 6 months. Indicate your occupation (job) as exactly as possible, i. e. not Corker" but chemical worker in the dyestuff production", Painter in shipbuilding", Road construction worker tarring streets", Textile worker in the field of printing/dying" etc. Indicate some clues for the mainly performed activities.请列举你所从事过所有时间在6个月以上的职业和工作，尽可能详尽，例如不仅仅说“工人”而是“染料行业化学工”，“造船厂油漆工”，“铺沥青修路工”，“纺织行业印染工”等等。

Since起 (year 年)	Until止 (year 年)	Occupation (Job)职业（工作）

2. Were you exposed to chemicals 有否暴露于化学品?

Yes是: ☐ no否: ☐

If yes, could you name some of them如果是的话，能否列举一些名称? In which way were they used如何使用？(used since 使用始于..... until于 .....)

_____

_____

Were you exposed你曾经以下述方式之一经受暴露

all the time一直: ☐ frequently 经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

3. Were you exposed to colorants/dyestuffs是否曾暴露于颜料/染料?

yes是: ☐ no否: ☐

If yes, could you name some of them如果是的话，能否列举一些名称? In which way were they used如何使用? (used since 使用始于..... until止于 .....)

Were you exposed你曾经暴露

all the time 一直: ☐ frequently 经常: ☐ rarely 偶然: ☐

since 起(year年) ..... until 止(year年) .....

4. Do you remember in particular exposure to aromatic amines你是否特别记得暴露于有机胺类? (e.g.例如 benzidine 联苯胺, fuchsine 品红, magenta 洋红, auramine金胺等 etc.)

yes是: ☐ no否: ☐

(used since 使用始于..... until止于 .....)

5. Were you exposed to tar or tar products是否曾暴露于焦油或焦油制品?

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

to **pitch（硬）沥青、树脂**

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time 一直: ☐ frequently 经常: ☐ rarely 偶然: ☐

since 起(year年) ..... until 止(year年) .....

to **bitumen（地）沥青**

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

to **combustion products** (e. g., fumes, soot etc.) outside of coking plants and furnaces在炼焦厂外或熔炉车间外暴露于燃烧产物(例如烟雾，烟灰等.)?

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

6. Were you exposed in a coking plant是否曾在炼焦厂工作?

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

7. Did you work close to a furnace是否曾靠近熔炉工作?

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

8. Did you work as a miner是否作过矿工?

Yes是: ☐ no否: ☐

if yes如果是的话

brown coal 褐煤☐ salt岩盐☐ hard coal 硬煤☐

..... ☐

since起 (year年) ..... until止 (yea年) .....

there of underground在地下

as作为 .....

since 起(year年) ..... until 止(year年) .....

as作为 .....

since 起(year年) ..... until 止(year年) .....

9. Did you work as a painter/varnisher是否曾做过油漆工/清漆工?

Yes是: ☐ no否: ☐

if yes如果是的话,

since 起(year年) ..... until 止(year年) .....

10. Were you exposed to solvents at you work place是否曾在工作场所暴露于有机溶剂?

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

Could you indicate for which activity you used which solvent能否说明你用何种溶剂做什么?

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11. Were you exposed to trichloroethylene (tri, trichloroethene) at your work place是否曾在工作场所暴露于三氯乙烯?（例如金属表面清理/涂层，干洗）(e.g., degreasing/greasing of metals, dry cleaning)

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

Could you indicate for which activity you used trichloroethylene能否说明你用三氯乙烯做什么?

Did symptoms of an intoxication during exposure to trichloroethylene (e.g.,drunkenness, drowsiness etc.) exist是否在暴露于三氯乙烯时出现症状（迷糊，嗜睡等）?

never 从无 ☐

once a day每天一次 ☐

once a week每周一次 ☐

once a month每月一次 ☐

or或: .....

12. Were you exposed to perchloroethylene (per, tetrachloroethylene) at your work place? 是否曾在工作场所暴露于四氯化碳?（例如金属表面清理/涂层，干洗）(e.g., degreasing/greasing of metals, dry cleaning)

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

Could you indicate for which activity you used perchloroethylene能否说明你用四氯化碳做什么?

Did symptoms of an intoxication during exposure to perchloroethylene (e.g.,drunkenness, drowsiness etc.) exist是否在暴露于四氯化碳时出现症状（迷糊，嗜睡等）?

never 从无 ☐
once a day每天一次 ☐
once a week每周一次 ☐
once a month每月一次 ☐
or或: .....

13. Were you exposed to non-chlorinated solvents 有否暴露于非氯代溶剂（例如苯，苯乙烯，胶水，稀释剂，溶剂配置的涂料等）(e.g., benzene, styrene, glues, thinners, solvent based paints)?

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

Could you indicate for which activity you used which solvent能否说明你用何种非氯代溶剂做什么?

Did symptoms of an intoxication during exposure to non-chlorinated solvents (e.g., drunkenness, drowsiness etc.) exist? 是否在暴露于非氯代溶剂时出现症状（迷糊，嗜睡等）?

never 从无 ☐
once a day每天一次 ☐
once a week每周一次 ☐
once a month每月一次 ☐
or或: .....

14. Did you work in the rubber industry是否曾在橡胶工业工作过?

Yes是: ☐ no否: ☐

if yes如果是的话,

since 起(year年) ..... until 止(year年) .....

if yes如果是的话,

in production area在生产区

Yes是: ☐ no否: ☐

since 起(year年) ..... until 止(year年) .....

mixing raw material原料混合

Did symptoms of an intoxication during exposure to perchloroethylene (e.g.,drunkenness, drowsiness etc.) exist是否在暴露于四氯化碳时出现症状（迷糊，嗜睡等）?

never 从无 ☐
once a day每天一次 ☐
once a week每周一次 ☐
once a month每月一次 ☐
or或: .....

13. Were you exposed to non-chlorinated solvents 有否暴露于非氯代溶剂（例如苯，苯乙烯，胶水，稀释剂，溶剂配置的涂料等）(e.g., benzene, styrene, glues, thinners, solvent based paints)?

Yes是: ☐ no否: ☐

if yes如果是的话,

all the time一直: ☐ frequently经常: ☐ rarely偶然: ☐

since 起(year年) ..... until 止(year年) .....

Could you indicate for which activity you used which solvent能否说明你用何种非氯代溶剂做什么?

Did symptoms of an intoxication during exposure to non-chlorinated solvents (e.g., drunkenness, drowsiness etc.) exist? 是否在暴露于非氯代溶剂时出现症状（迷糊，嗜睡等）?

never 从无 ☐
once a day每天一次 ☐
once a week每周一次 ☐
once a month每月一次 ☐
or或: .....

14. Did you work in the rubber industry是否曾在橡胶工业工作过?

Yes是: ☐ no否: ☐

if yes如果是的话,

since 起(year年) ..... until 止(year年) .....

if yes如果是的话,

in production area在生产区

Yes是: ☐ no否: ☐

since 起(year年) ..... until 止(year年) .....

mixing raw material原料混合

up to 50 pills/year 直至50片/年☐ since 起(year年) ..... until 止(year年) .....

up to 100 pills/yea 直至100片/年☐ since 起(year年) ..... until 止(year年) .....

up to 350 pills/year 直至350片/年☐ since 起(year年) ..... until 止(year年) .....

over 350 pills/year 超过350片/年☐ since 起(year年) ..... until 止(year年) .....

17. Smoking habits抽烟习惯

Are you a smoker现在是否抽烟?

Yes是: ☐ no否: ☐

Were you ever a smoker是否曾经抽烟?

Yes是: ☐ no否: ☐

if yes, what did you smoke and how many如果是的话，你抽什么? 抽多少?

cigarettes per day 每天抽卷烟支数☐ since 起(year年) ..... until 止(year年) .....

cigars per day 每天抽雪茄支数☐ since 起(year年) ..... until 止(year年) .....

pipes per day 每天抽烟斗数☐ since 起(year年) ..... until 止(year年) .....

chewing tobacco 嚼烟☐ since 起(year年) ..... until 止(year年) .....

Additional remarks concerning your tobacco consumption关于你消耗烟草的补充说明

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18. Did you have infections of the urinary tract more than 10 years ago which had been treated with drugs? 10年以前你是否得过曾以药物治疗的尿路感染?

None无 ☐

at most 1 per year至多一年一次 ☐

several per year一年几次 ☐

19. Were you obliged for preventive medical check-up in the field of occupational medicine required by the state?你是否必须参加国家规定的职业医学方面的预防医学检查?

Yes是: ☐ no否: ☐

if yes, please describe如果是的话，请提供详情。

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21. Indicate your hobbies (gardening, doing handicrafts, painting, fishing etc.) 你的个人爱好（园艺、手工、画画、钓鱼等）

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22. Please indicate your place of birth and all locations you had your residence for more than 10樊ears 请列举你的出生地点以及你曾居住过10年以上的所有地点。

Place of birth出生地

since 起(year年) ..... until 止(year年) .....village村 ..... district 区.....
since 起(year年) ..... until 止(year年) .....village村 ..... district 区.....
since 起(year年) ..... until 止(year年) .....village村 ..... district 区.....
since 起(year年) ..... until 止(year年) .....village村 ..... district 区.....

Consent form同意表:

I agree to the scientific analysis of my data including my medical records as well as my blood sample by.....and the Institute for Occupational Physiology at the University of Dortmund, Germany. 我同意将包括我的医疗记录在内的个人资料以及我的血样交由.....以及德国多特蒙德大学职业生理学研究所进行科学分析。

Date日期: Signature签名:
